

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Geodon (Ziprasidone HCL)

Therapy:

Is indication for the treatment of Schizophrenia

Indications:

- A) Failure of at least three formulary antipsychotics including Risperdal and one typical antipsychotic
- B) Request needs to come from-
 - 1) **MLTC and MSSP/Geriatric**
 - A) **Adults-** GLTC Behavioral Provider
 - B) **Children-** Contracted Behavioral Provider
 - 2) **Health Select-** County Contracted Behavioral Provider

Warnings:

- A) **QT/QTc interval prolongation-**greater capacity to prolong the QT/QTc interval (If used will need to avoid other drugs that increase the QT)
- B) **Neuroleptic Malignant Syndrome (NMS)** has been reported in association with administration of antipsychotic drugs. Clinical manifestations are hyperpyrexia, muscle rigidity, altered mental status and evidence of autonomic instability. Additional signs may include elevated creatinine phosphokinase, myoglobinuria, and acute renal failure
- C) **Tardive Dyskinesia**

Precautions:

- A) **Orthostatic Hypotension-** should be use with caution in patients with known cardiovascular disease or conditions that predispose the patient to hypotension
- B) **Seizures** - should be use with caution in patients with history of seizures
- C) **Dysphagia-** should be use with caution in patients with risk of aspiration pneumonia
- D) **Pregnancy Category C**
- E) **Drug- Drug interaction-** can be pharmacodynamic or pharmacokinetic with possible interactions can be anticipated

Authorization:

- A) **MLTC-** three months initially then one year with current behavioral note from GLTC (adults) or contracted behavioral provider (children)
- B) **MSSP-** three months initially then to the end of the calendar year with current behavioral note from GLTC
- C) **Health Select-** three months initially then to the end of the calendar year with current behavioral note from County behavioral provider

Medical Director _____

Date _____